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APPLICANTS

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** CONTINUING DATA *****

None MD

** FOREIGN APPLICATIONS *****

None MD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

MD
** 05/09/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Duke W. Yee</i>	Examiner's Signature <i>Duke W. Yee</i>	Initials			

ADDRESS

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TITLE

Method and apparatus for parity error recovery

FILING FEE RECEIVED 1650	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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